

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 15 1943 30

Primary Registration District No. 5103

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Benton
(b) City or town Warsaw Rural Highway
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Emma Ellen Guthrie

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased Nov 25 1869
(Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housewife

12. Name Wm. G. Hustle

13. Birthplace Mo
(City, town, or county) (State or foreign country)

14. Maiden name Mrs. J. G. Hustle

15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant John Guthrie

(b) Address Warsaw Mo

17. (a) Burial (b) Date thereof 5/13/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation My Pleasant Cem

18. (a) Signature of funeral director Reuben Pro

(b) Address 51243

19. (a) 5/12/43 (b) Joe A. Logan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Benton

(c) City or town Warsaw Rural Highway
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) _____

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11th
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from May 20, 1942, to May 11, 1943

that I last saw her alive on May 11, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Multiple - Metastatic Carcinoma Duration 1 mo.

Due to Operative Procedure - Carcinoma of

Due to Breast 18 mt. ago

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)

(2) Means of injury _____

23. Signature James A. Logan (M. D. or other) MD

Address Warsaw Mo Date signed 5/12/43

RECEIVED

District Health Officer No. 7,

District File Number 3-43-489

Date Filed 6-8-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.